Care and Clinical Governance Framework

COMMUNITY SERVICES #1

Enhance Enable Enrich

Version 1 - 2022

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Current Document by:	Community Services #1 Care And Clinical Governance Subcommittee

Contents

About Community Services #1 (CS#1)

Community Service #1 (CS#1) is a local community-based profit for purpose organisation that has been proudly serving Canberra community for over 35 years.

We manage and deliver a range of community services, including aged care services, children's early education and care, community development, family support services and more.

Working in the ACT and NSW, we manage Aged Care and other services locally, independently and in partnership with others.

Our Purpose - Connecting people to enrich lives

Our Mission - Providing services that enhance quality of life

Our Vision - By 2029 Community Services #1 is a leading Australian Agency strengthening our communities by working with people of all ages and cultural backgrounds

Purpose of this document

This document is designed to guide the care and clinical governance for CS#1. We provide a range of services to clients requiring an overarching document, which describes how care and clinical care services are managed. This will assist in ensuring that when person-centred care involves clinical components, care delivery will be as safe as possible and of a high quality.

Fundamental to CS#1's commitment to safe and high-quality care and clinical care is having systems in place which are integrated into the day-to-day practice of all stakeholders including Board members, Senior Management, Health Professionals, Case Managers, Co-ordinators, Care workers, subcontractors and, where relevant, clients.

CS#1 does not employ clinical staff or provide clinical services directly. Clinical services are provided by individuals, businesses and organisations that are contracted by CS#1.

The CS#1 Care and Clinical Governance framework has been developed using the following resources:

1. Home Care Clinical Governance Framework – Maddocks June 2017
2. Victorian Clinical Governance Framework- Delivering high-quality healthcare – June 2017
3. Health Direct Australia Clinical Governance Framework May 2016
4. Lorraine Poulos and Associates clinical care resources
5. Aged Care Quality and Safety Commission toolkit Clinical Governance Framework Guide 2019

Background, definitions and context

CS#1 is committed to delivering excellence in all care related services to all our clients. We are proud of our high quality, safe and compassionate approach.

The changing environment in which we work is complex, and there are significant national reforms being undertaken creating valuable opportunities for us to focus on:

- Engaging with and listening to our clients (including families and carers)
- Respectfully recognising the value of every person and their human rights
- Ensuring our staff consistently demonstrate commitment to safe and quality care that is also aligned with CS#1's purpose, mission, vision and brand
- Measuring and monitoring our performance

CS#1 is committed to a person-centred approach at all levels of our organisation. Our approach includes a focus on shared decision making, involving clients in planning about their own care to the extent they wish, and where they have the capacity to do so. We firmly believe that a client's perspective brings valuable dimensions to what is safe and quality care services. All CS#1 staff are aware of their personal and individual responsibility and accountability to work in accordance with legislative and regulatory requirements.

The term 'client' (in preference to consumer) is used in this framework which is inclusive of all people receiving services from CS#1.

CS#1's Care and Clinical Governance Framework is based on fundamental care and clinical governance principles.

Clinical governance – is "an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented to support safe, quality clinical care and good clinical outcomes for each consumer (client)". (Ref: Aged Care Quality and Safety Commission 2019)

Care and Clinical Governance is a system whereby the managing bodies (ie. the Board and Executive), managers, clinicians and staff of an organisation share responsibility and accountability for the quality of care, continuous improvement, management and minimisation of risks and the fostering of an environment of excellence in care for clients. CS#1 applies the same diligence to our Contractors. CS#1 values input from community representatives including family members and commits to establishing a process to include such representation.

CS#1 will achieve this by having:

1. Policies and procedures in place
2. Appointment of appropriately qualified or trained staff who are aware of their responsibilities and accountability – this includes all staff who work with us, or for us
3. Contracts in place that incorporate governance principles (including monitoring and measuring performance) where Contractors are engaged to deliver clinical care
4. Community representation for agreed CS#1 services is in place
5. Reporting, audit and accountability systems for reporting adverse events and incidents

CS#1 Management recognises they have a responsibility to provide the underpinning framework for safe care provision.

CS#1 is committed to the following outcomes:

- a vision of the future – clearly communicated, specific and quantifiable goals for improving care
- partnering with clients – the client is at the centre of care and viewed as a critical partner in the design and delivery of their care and healthcare
- organisational culture – a 'just' culture exists whereby staff are supported and their well-being prioritised
- continual learning and improvement – care service staff are provided with opportunities and expected to further their skill set and qualifications
- clinical leadership – strong, transparent, supportive and accessible leadership fosters a culture of learning, accountability and openness, with strong clinical engagement (CS#1 has confidence in their Contractors to provide high quality clinical care)
- teamwork – staff contribute and are supported, guided and included at all levels of the organisation by skilled management
- quality improvement – established policies and processes, and accurate data gathering and analyses are used to drive and design actions to improve safety and quality.

(Ham et al 2016)

Delivering High Quality Healthcare Victorian clinical governance framework June 2017

Current services

CS#1 is a well-respected provider of Community Services, which are delivered predominately in the home. The 'care' meets clients' needs, and may be as simple as assisting a client with transport, through to end of life care. As a client's care needs increase and become more clinical in nature, CS#1 is committed to ensuring clear guidance is provided for our own staff, clients and our clinical services contractor regarding the following:

- What constitutes clinical care
- How to assess consumers for clinical needs
- How to recognise deteriorating conditions
- What are the risks
- What are the current policies and procedures
- Where can additional information be sourced
- How and what to report to supervisors
- How to work closely with stakeholders (ie. health practitioners, carers, family, non-clinicians)

CS#1 operates multiple programs including:

- Aged care
- Community Support Services
- Community Development
- Children's Services
- Homelessness
- Food Pantry Security

Staff are trained to respond appropriately, to enable high-quality care to all clients and those Clients who present with clinical care issues.

For the purposes of this document, high quality care means:

- Safe – avoidable harm during the delivery of a care service is eliminated
- Effective – appropriate and integrated care is delivered to clients in the right way at the right time, by staff with the right skills, based on best practice, with the right outcomes, utilising performance measurement and processes that promote quality improvement
- Person-centred – people's values (clients, families), beliefs and their specific contexts and situations guide the delivery of care and oganisational planning. The health and community service is focused on building meaningful partnerships with clients to enable and facilitate their active and effective participation.[1]

The Framework

CS#1's Care and Clinical Governance Framework is designed to:

- Reinforce the importance of quality and safety of care to the clients we serve
- Provide guidance to the CS#1 Board, Executive Management and other stakeholders
- Contribute to systems, structures and processes that identify ways to continuously improve care services
- Have in place an accessible format which is to be used as a reference tool for measuring compliance and improvements

The Care and Clinical Governance Framework is outlined in the diagram below (see *Appendix 1* for more comprehensive diagram)

The four domains of CS#1's Care and Clinical Governance Framework

1. Partnering with clients (Consumer Participation)
2. Risk Management
3. Quality Assurance
4. Staff Training and Development

Within these domains, there are overlapping concepts and philosophies that CS#1 recognises and adapts into care services, to develop and maintain a high performing organisation. These are:

[1] Delivering High Quality Healthcare Victorian clinical governance framework June 2017

1. Continuous improvement
2. Client Directed Care
3. Safe and Quality Care and Services

The four domains of Care and Clinical Governance Framework (C&CGF) in practice

Partnering with Clients (Consumer Participation) - Every member of our CS#1 team has a role to play in providing excellent care services and clinical care to our clients. The client is CS#1's central focus in everything we do.

This will be achieved by:

- Assessment, planning and evaluation of care needs which will include clinical care needs (when determined by program guidelines)
- Clients being supported to participate in their care to the extent that they wish
- Clear feedback and complaints procedures which include a range of options, including via an external agency (Refer to CS#1 complaint escalation process *Appendix 2)*
- Reviewing client experience and client outcomes based on CS#1's Mission and Purpose; utilising internal survey results and audits; and external stakeholder surveys which include the satisfaction level of clinical care delivered by Contractors as a feedback domain
- Respect for client's rights and responsibilities, and protection of their privacy - including personal information
- Ensuring that family, carers and the "circles of support" are provided with information to guide and support them in their caring roles
- CS#1 clearly communicates on multiple channels how clinical care is provided
- Contractors providing clinical care documenting in care plans and work instructions about how the client manages a clinical type situation, (eg. diabetes, mobility, medications, diet, cognition, psycho social care). This information is discussed during reviews and provided to support staff
- CS#1 support staff currently only provide supervision or prompting a client to take medication from a pre-packaged medication pack (ie Webster Pack)

Risk Management

This will be achieved by:

- Maintaining a CS#1 care services risk matrix - to assess, manage, control or eliminate risks
- Reporting of incidents and "near misses" by staff /clients
- Recording the client information accurately and promptly in the database
- Escalation of reporting via a documented process (see risk management section)
- Meeting of regulatory standards by funding bodies
- Managing internal and external stakeholder expectations
- Appropriate management of our contractors particularly when health/clinical services are provided
- Regular reminders to staff about the importance of observing and reporting changes in client's health status
- Utilising a regular feedback system that is in place with brokered or contracted services.

Quality Management

This will be achieved by:

- Care systems and processes which are well designed for delivering safe and high-quality care
- Staff being held accountable for working within this Framework
- Contracts for provision of clinical services by a Contractor that require compliance with all relevant quality, legislative and regulatory standards
- Annual audit to ensure that the Contractor is complying with key requirements
- Regular and robust analysis of near miss and incident data
- Continuous assessment and improvement of policy and procedures
- Quality Improvement plans and risk registers that include information about any care related issues and areas for improvement.

The effectiveness of this Framework is monitored by the Community Support Services Subcommitteee.

Training and Development

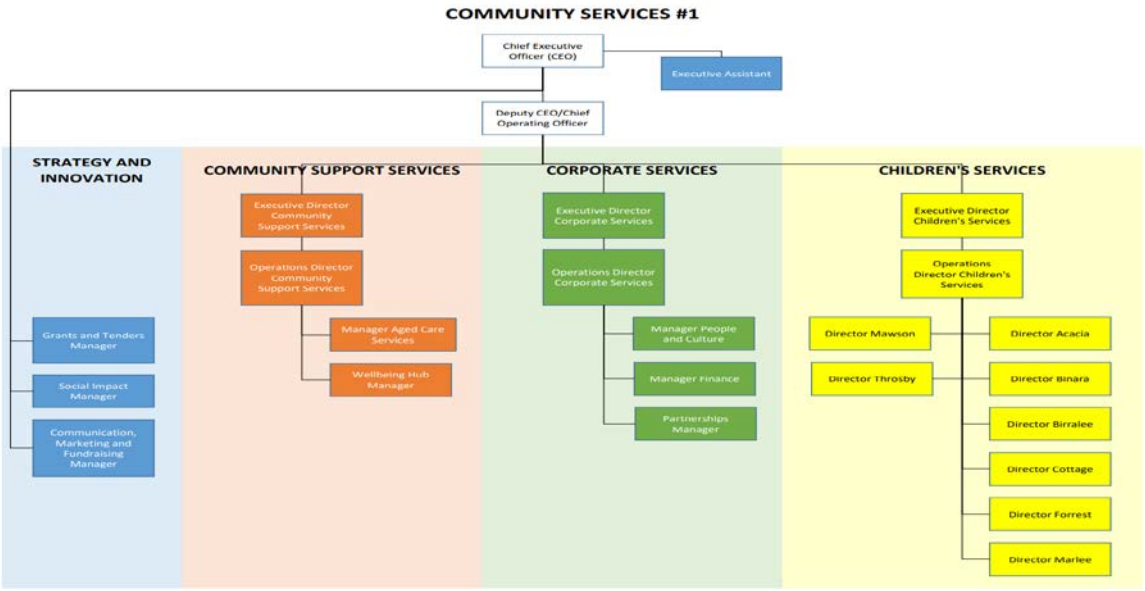
This will be achieved by:

- Selection and management of skilled and qualified workforce
- Effective and comprehensive induction processes for all new staff, that focus on safe and quality care
- Regular training for staff in translating policy and procedure into practice
- Adult learning modes that ensure that learners understand care services requirements
- Clear delineation of responsibilities
- Essential training in identifying changes in health status of clients
- Job descriptions defining expectations

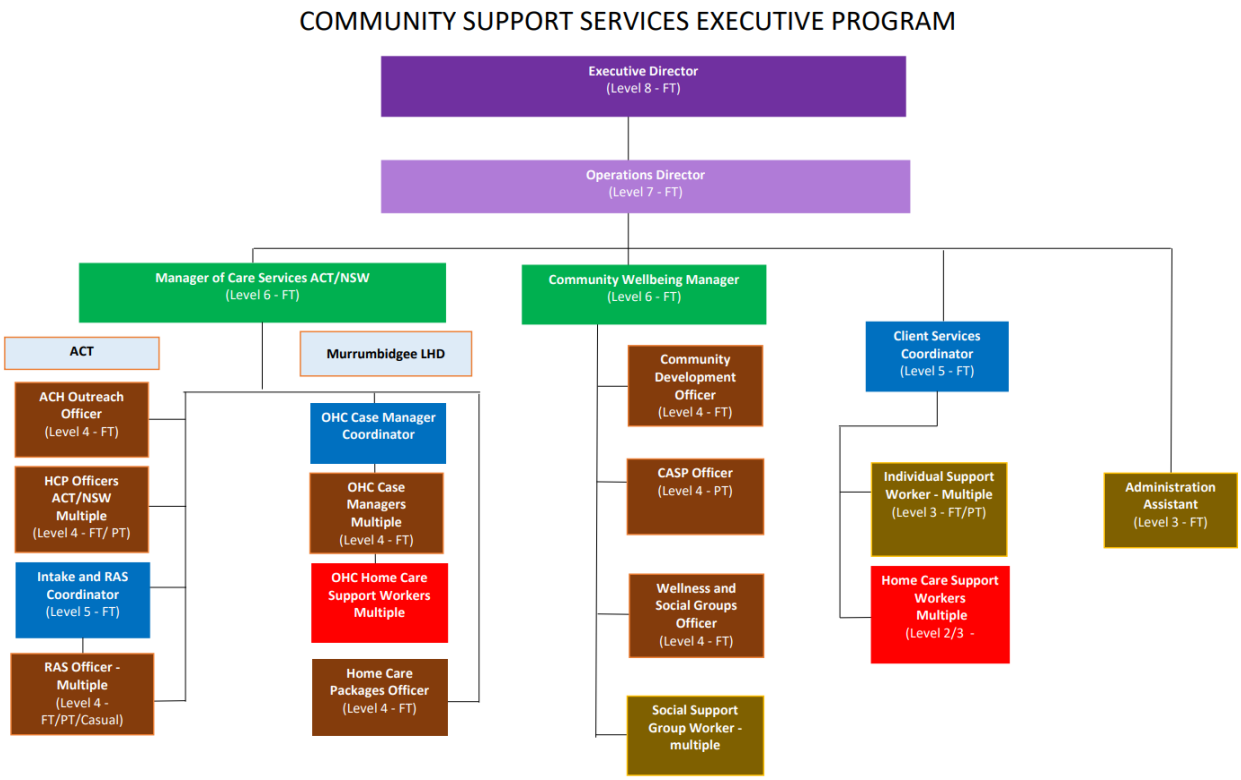
Staff (including Contractors) competence being checked regularly via a systematic process including evidence of competence (eg medication administration and management, dementia care, wound care).

Implementing Care and Clinical Governance

The CS#1 organisation structure details the broad nature of services being delivered and the reporting lines for each specialty stream.



CS#1 has clear expectations of excellence and a focus on quality and safety across the entire organisation. The diagram below provides further detail on how processes are aligned and comprehensive monitoring and reporting of quality and safety occurs particularly in the Community Support Services program.



Leadership Responsibilities in meeting the C&CGF outcomes

Board Responsibilities

This will be achieved by:

- The governing body of CS#1 understanding its responsibility for performance and conformance
- The CS#1 Board setting the strategic direction and policy framework for the safety and quality of care related services
- Continuous improvement activities relating to care services being in place
- Presentation to the CS#1 Board of reports pertaining to the compliance of the Contractor against the contract requirements for clinical services.
- CS#1 Board members having oversight of the Board Subcommittees

Quality and Risk Management Responsibilities

This will be achieved by:

- CS#1 executive and management understanding the requirements for safe high-quality healthcare
- The development of care related services improvement strategies
- Evidence that the Contractor is compliant with the contract requirements for clinical care
- Ensuring all stakeholders are aware of how strategies/policy translate into practice
- CS#1 executive and management reviewing and monitoring results against baseline / benchmarks and the expected outcomes of standards
- Expert and strategic advice is sought where necessary
- Ensuring the client experience is a key component when reports are reviewed and analysed
- Contractor evidence / confirmation that only validated clinical assessment tools are used when assessing or monitoring clinical care

Management Responsibilities

This will be achieved by:

- CS#1 Executive Management ensuring clinical care outcomes are prioritised
- Adequate resourcing being in place for education, training and supervision
- Staff / Contractor having a clear understanding of how clinical issues are reported and actioned
- Clients and staff / Contractor being aware of the importance of reporting changes in clinical care conditions of clients
- Policies being reviewed and updated regularly
- Managers / Contractor discussing care and clinical issues regularly; and staff being supported to gain knowledge and seek expertise where necessary
- Contractor having clear evidence of effective clinical case management in all documentation, referrals documented and followed up (contracted)
- Regulatory compliance information being disseminated in a timely manner and in an appropriate format (ie. plain English)
- Contractors being subjected to rigorous monitoring when they are providing clinical care on behalf of CS#1

Systems and Processes within the C&CGF

Policies and Procedures

This will be achieved by:

- CS#1 continuing to have relevant contemporary policies and procedures
- Adequate resources being available for continuous monitoring and updating of policy and procedures
- Confidence in Contractor's clinical care policies and procedures being evidenced based and best practice
- Having detailed work instructions for untrained staff who are involved in clinical care
- Staff having a clear 'scope of practice'

Communication

This will be achieved by:

- Written and verbal communication being effective and timely
- Staff being given guidance on CS#1 requirements for contemporaneous record keeping
- Forms being updated, and redundant documentation being removed to avoid confusion and to achieve consistent practice across CS#1
- Staff being aware of the importance of timely reporting of incidents and near misses
- Clients or others involved in care provision understanding their roles and responsibilities
- Care plans having specific details of clinical care and how care is to be delivered, by whom and when
- Staff being supported to achieve best practice in assessment, care planning and documentation skills
- Complaints being dealt with in a timely manner with documented timeframes for resolution
- Opportunities for improvement in care and clinical care being identified and documented on the Continuous Improvement Plan which will be escalated to the relevant subcommittee/s based on their descriptor category

Information Systems

This will be achieved by:

- Software capabilities being reviewed regularly to ensure client information is captured and able to be extracted
- Staff receiving ongoing training and development on how to effectively use systems technology
- Regular audits being undertaken to ensure privacy requirements are adhered to
- Consistent reporting formats being available for management via the regular review of their relevance and in line with industry regulatory changes and requirements

Evaluation, monitoring and improvement

This will be achieved by:

- CS#1 utilising the 'critical clinical governance questions' (to also include "care") to regularly assess our performance in both domains of care and clinical care.[2] These questions are adopted from the Victorian Clinical Governance Framework June 2017. Refer to *Appendix 3*: Audit Tool Self Assessment "Care and critical clinical governance questions". There is an expectation CS#1's Contractor for clinical services will assess their performance in a similar manner.

CS#1 is striving to achieve indicators of 'solid' care and clinical governance and will focus on the following indicators[3]:

- An innovative, forward-looking culture that is supportive of learning, and develops and cultivates a culture of openness and transparency without fear of reprisals
- An engaged Board, CEO and executive who are willing to hear 'bad' news
- Contractor aligned with CS#1's care and clinical governance processes and systems
- Strong leadership, staff engagement and teamwork to support safe, high-quality care
- Strong reporting format and content, engagement in benchmarking and trend analysis, and a proactive monitoring response
- A quality system based on compliance, with standards that have a commitment to service and care improvement beyond the requirements of the Standards
- Robust reviews of practice and a culture which recognises that monitoring, performance management or intervention is everyone's responsibility
- Intolerance of substandard care – long standing concerns are actively addressed in a timely way to gain maximum impact
- Improved client participation to generate greater interest from clients and their families to enable decisions being made that focus on safety and quality in delivery of care

[2] Page 20 Victorian Clinical Governance Framework June 2017

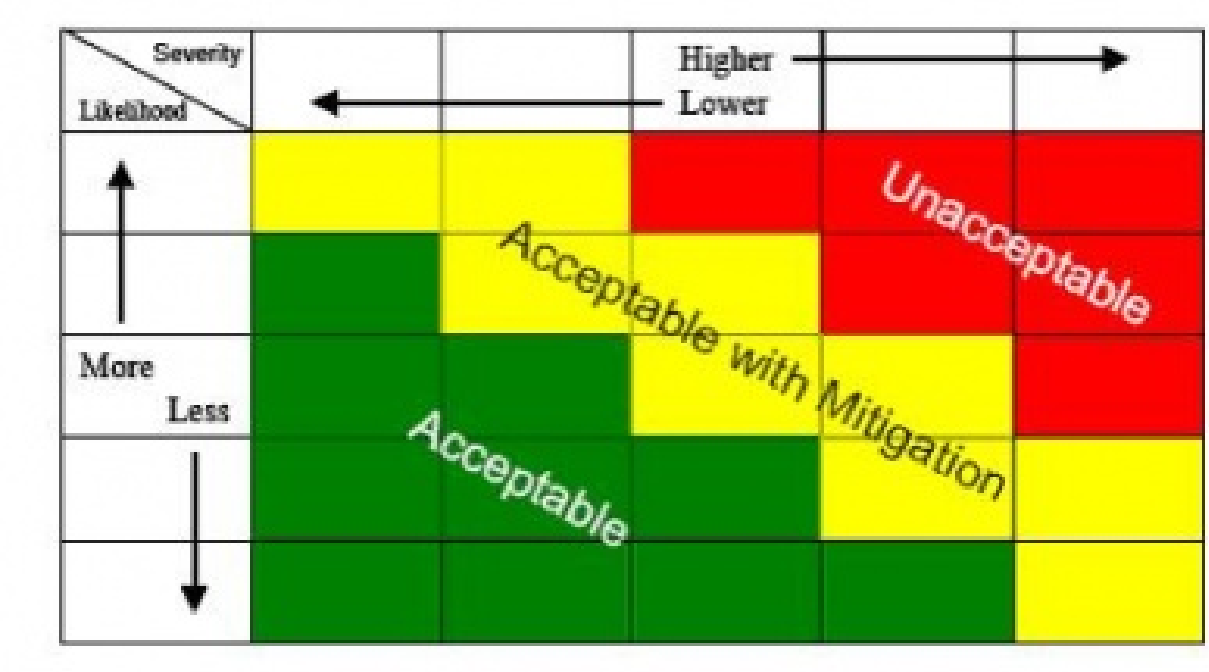
[3] Page 20 Victorian Clinical Governance Framework June 2017

Risk Management approach

Risk framework

CS#1's risk management framework supports our strategic plan and risk management policy: where a structured approach is provided to integrate risk management into all CS#1 activities.

- CS#1 acknowledges there is risk in all their activities and responds to risk through their established processes (Risk Management Framework)
- CS#1 is committed to effective risk management
- All CS#1 staff are required to understand the types of risks that may occur in their day-to-day work/activities and to manage these risks.



RISK ANALYSIS TOOL Risk Management Standard: AS / NZS 31000:2009

A RISK RATING SCALE is used as follows:

Examining the CONSEQUENCES and the LIKELIHOOD of the event arrives at the Risk Rating

CONSEQUENCES are rated as follows:

Level	Descriptor	Examples (assign by most serious consequence if more than one applies)
1	Insignificant (negligible)	• Reported but no injuries • Report of no adverse effect to/on a person's health or wellbeing • No impact on course of business • No or Low financial loss • Slight consequence for policy / procedure / reputation • Near-miss with slight lessons to be learned • No effect on functioning of the business
2	Minor	• Minor effect on person • Effect not requiring a change of goals or services • Medium financial loss • Some consequence for policy / procedure / reputation • Near-miss with some lessons to be learned • Minor impact on functioning of the business
3	Moderate (Medium)	• Moderate effect on person • High financial loss • Some external assistance required / some external people involved • Significant consequence for policy / procedure / reputation • Near-miss with important lessons to be learned • Moderate impact on functioning of the business
4	Major (Substantial)	• Extensive impact – major impact on person • Report of adverse effect on person's health or wellbeing • Requirement of change of a person's goals or services • Major financial loss • Major external assistance required / many external people involved • Major consequence for policy / procedure / reputation • Near miss with major lessons to be learned • Major impact on functioning of the business
5	Catastrophic (Extreme)	• Fatal incident • High financial loss • Major ongoing external assistance required / many external people involved for long period • Huge consequence for policy / procedure / reputation • Near miss requiring immediate correction to avoid future catastrophic consequences • Significant impact on functioning of the business / potential closure

LIKELIHOOD is rated as follows:

Level	Descriptor	Description
A	Almost Certain	Is expected to occur in most circumstances
B	Likely	Will probably occur in most circumstances
C	Possible	Might occur at some time
D	Unlikely	Could occur at some time
E	Rare	May occur only in exceptional circumstances

The RISK RATING is determined by scoring the LIKELIHOOD against the CONSEQUENCES.

The position on the grid determines whether the risk is Extreme, High, Moderate or Low.

Likelihood	Consequences				
	Insignificant (Negligible)	**Minor**	**Moderate (Medium)**	**Major (Substantial)**	**Catastrophic (Extreme)**
	1	**2**	**3**	**4**	**5**
A – Almost Certain	High	High	Extreme	Extreme	Extreme
B – Likely	Moderate	High	High	Extreme	Extreme
C – Possible	Low	Moderate	High	Extreme	Extreme
D – Unlikely	Low	Low	Moderate	High	Extreme
E - Rare	Low	Low	Moderate	High	High

Once a Risk Rating is determined, follow the reporting and response structure

Risk Rating	Response and reporting required
Extreme Risk	Immediate action required – correct and report to senior management immediately
High Risk/Major	Senior management attention needed, report to senior manager as soon as possible
Moderate Risk	Department manager to attend and report to senior manager in regular report
Low Risk	Manage by routine procedures in department and report to manager in regular report

This Effective Risk Management will be supported by CS#1 having systems in place to ensure that:

- Risk registers identify, monitor and manage risk for errors or incidents
- There is proactive management and mitigation of known care and clinical risks
- Processes are in place to identify emerging risks
- CS#1 culture emphasises quality as a shared responsibility
- CS#1 staff freely communicate their concerns with clear mechanisms to escalate concerns about risks and errors
- Data provides evidence of the quality and safety of care
- A legislative compliance process is utilised to review policies, procedures and standards

Care and Clinical Key Performance Indicators

The objectives of care and clinical care at CS#1 will be to:

- Improve client care
  - Number of CS#1 clients who receive care services and have positive experiences of those services
  - Number of CS#1 staff providing care services who feel engaged with the work they do and are supported to continuously improve the information, support and care they provide
  - Number of completed care plans that include clinical work instructions and clinical specific goals

- Improve productivity and efficiency

- Provide clarity and ownership of issues across the organisation
  - Improvement Committee
  - Supervision of staff through one-on-one meetings, team meeting and all staff meetings.

- Ensure accountability, and with this responsibility
  - Board and Executive oversight
  - Empowering staff through accountability and responsibility
  - Operational improvement working group

- Improve governance and management of risk
  - Regularly review the risk management framework (minimum 12 months)
  - Board and Executive oversight
  - Improvement Committee

- Ensure resilience to external scrutiny
  - Undertaking annual self-audit
  - Posting annual report on website
  - Community and consumer representation through consumer advisory group
  - - Operational Improvement working group

- Provide clarity and leadership for staff in terms of expectations[4]
  - Position Descriptions
  - Code of Conduct
  - Cultural Statement
  - Supervision of staff through one-on-one meetings, team meeting and all staff meetings.

Suggested data sets may include but not be limited to:

- Falls
- Number of wounds healed
- Number of medication incidents
- Number of new clinical referrals
- Number of clinical assessments undertaken

[4] Source St. Vincent's Melbourne Health

- Billable clinical care hours (eg. Registered Nurse, Allied Health)
- Behaviours of concern
- Weight loss
- Pain management cases, palliative care
- Infection control cases (where Personal Protective Equipment is required)
- Number of visits involving needles /injections
- Other clinical interventions
- Number of supervisions of care staff procedures
- Number of information sheets on health promotion provided to clients/providers
- Number of completed care plans that include clinical work instructions and clinical specific goals
- Number of CS#1 clients who receive care services and have positive experiences of those services
- Number of CS#1 staff providing care services who feel engaged with the work they do and are supported to continuously improve the information, support and care they provide

A combination of monitoring and audits utilising recognised auditing methodologies will assist in monitoring and assessing our risks.

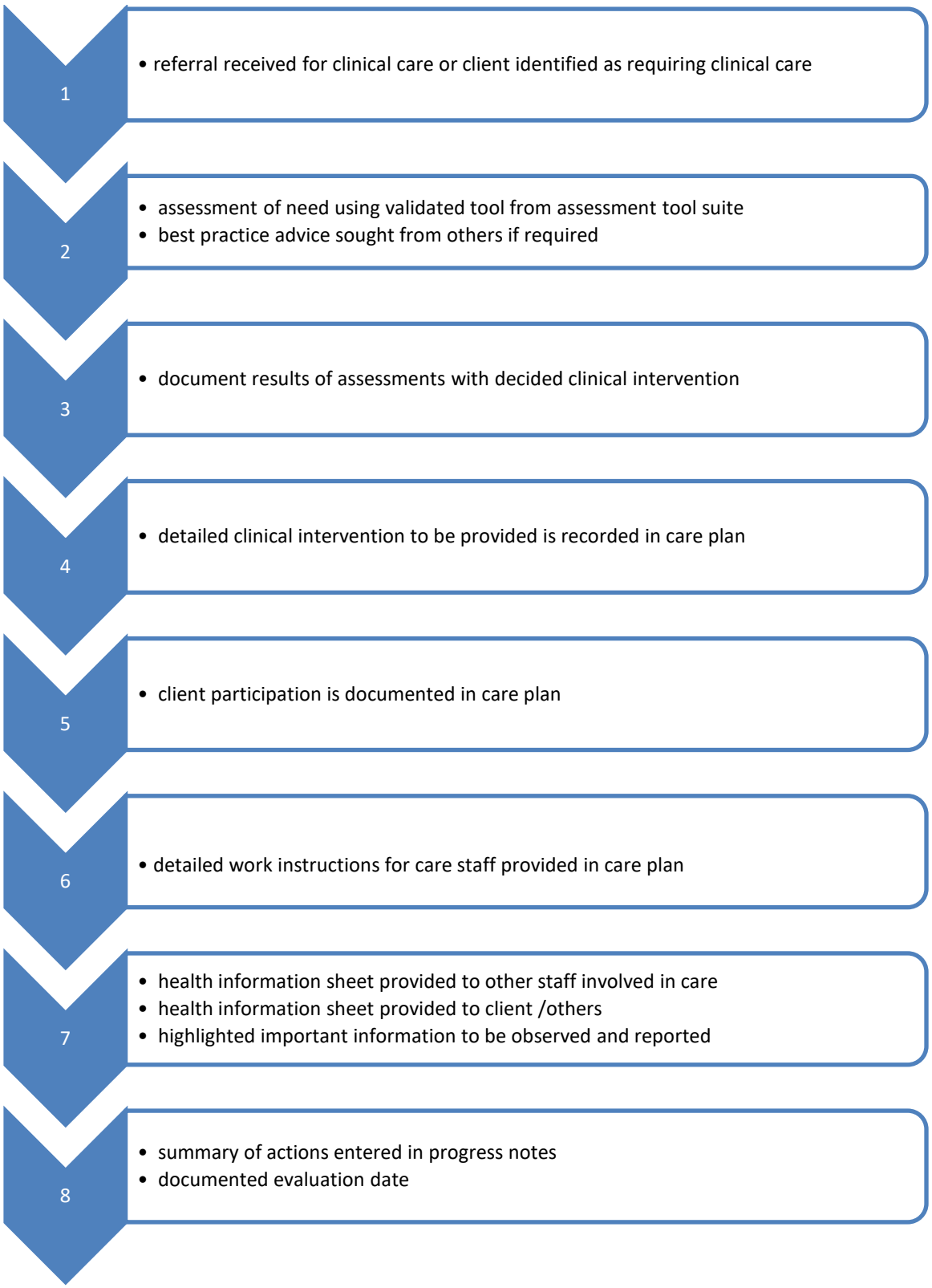
The best data indication our management can review and receive, is by routinely (monthly) monitoring clinical indicators such as wound management, incidents etc. CS#1 can also collect more operationally focused indicators such as staff hours and missed services to look for links so that care and business outcomes improve together.

To ensure effective service delivery CS#1 will use a suite of tools that build as clear a picture as required to manage risk and improve delivery of care service. Improving on previous performance will be the first target and then benchmarking against other like services.

Culturally, every individual is responsible for strong outcomes in care and clinical governance. All staff need to own the outcomes of their data input; understand the repercussions and influence of poor data input, and the use of data to inform reports and decision making. Staff self-assessments need to be treated with respect, and areas of improvement identified and managed without bias.

Flow Chart/steps for clinical care

The following steps are expected by Contractors on behalf of CS#1 for clinical care interventions:



Our Workforce

CS#1 aspires to be an employer of choice, supported by systems and frameworks that enables the organisation to attract and retain a workforce that is diverse, capable, and high performing to meet our community's needs well into the future. CS#1's structured recruitment approach also supports development and retention of staff. CS#1's structured recruitment approach incorporates systems to ensure:

- Onboarding, mentoring and supervision
- Workforce management including allocation of staff with appropriate skills to provide safe, high-quality services
- A just culture including balanced accountability (both individual and organisation)
- Staff having relevant qualifications, skills, credentials and tools required of their roles
- Clear performance expectations aligned with high quality client care
- Visiting practitioners have the relevant credentials, qualifications and skills

Skill sets for clinical staff

Competency standards

CS#1's Contractor for clinical services is required to be compliant with the National Competency standards set down by the Nursing and Midwifery Board of Australia (June 2016).

There are seven (7) standards

1. Thinks critically and analyses nursing practice
2. Engages in therapeutic and professional relationships
3. Maintains the capability for practice
4. Comprehensively conducts assessments
5. Develops a plan for nursing practice
6. Provides safe, appropriate and responsive quality nursing practice
7. Evaluates outcomes to inform nursing practice
   Source AMNC-Nursing and Midwifery Board Standard Registered nurse standards for practice 1June2016

CS#1 is aware that clinical nurse roles can vary depending on their specialty, but general tasks include:

- Optimising client care by working with nursing staff. This includes evaluating current practices, reviewing alternatives, consultations with client care managers and providing education to staff
- Make decisions on where to allocate staff and resources
- Develop specialised treatment plans after client examinations
- Educating patients and families on how to best manage their conditions
- Incorporate practices to promote staff teamwork
- Analyse client data and outcomes
- Participate with colleagues on new research

CS#1 expects their Contractors to fulfill the general tasks associated with their role to a high standard.

Source https://job-descriptions.careerplanner.com/Clinical-Nurse

Knowledge and skills

CS#1 expects their Contractors, when assessing staff or new applicants for clinical positions, to consider the following knowledge, skills, abilities and personal characteristics:

1. Knowledge of medical procedures, terminology, and equipment
2. Interpersonal/human relation skills
3. Client assessment skills
4. Verbal/written communication skills
5. Ability to apply good clinical judgement
6. Ability to plan work, establish priorities, and remain flexible
7. Ability to maintain confidentiality
8. Ability to instruct/teach

Case Managers skills set

According to the CMSA[5] the skill set for Case Managers include:

Whilst case managers are not expected to work outside of their scope of practice they are required to observe and report changes in client's health to the appropriate person, and record in the client management system. CS#1 expects the same standard for Home Care Package Officers.

Care / Support staff skills set

CS#1 Support Workers' role is undertaken with limited supervision, however they work under the guidance and direction of CS#1's Client Services Coordinator. The Support Workers are accountable for providing high quality and safe assistance, care and support against a client's individual assessment of their needs. Such needs include domestic assistance, personal care and support services. CS#1 Support Workers require a Home Care Certificate or equivalent, with a strong desire / genuine interest in empowering individual independence.

Open Disclosure - informing consumers

There is a need for open disclosure and effective communication to be part of good quality care provision.

Definition - The Aged Care Quality and Safety Commission (ACQSC) defines open disclosure as 'the open discussion that an age care provider has with clients when something goes wrong that has harmed or had the potential to cause harm to a consumer (client)'[6]. Effective communication with clients when something goes wrong needs to include trying to address their concerns, apologising and explaining what has been put in place to prevent the damaging event or situation happening again. The principles include:

- Dignity and respect
- Privacy and confidentiality
- Transparency
- Continuous quality improvement

CS #1 will follow the elements of open disclosure as outlined by the ACQSC.

[5] CMSA Standards 2013

[6] ACQSC Open disclosure framework guidance material 2019

These are:

1. identify when things go wrong
2. address immediate needs and provide support to the client
3. acknowledge and apologise or express regret
4. find out and explain what happened
5. learn from the experience and make improvements

CS#1 will use this Care and Clinical Governance Framework to promote open disclosure so that all parties involved understand the importance of good leadership and culture; monitoring and reporting of incidents and events; promoting effective communication and strong relationships with all stakeholders.

CS#1 will provide reports and feedback to their Executive and management to promote the quality cycle and improved outcomes for all stakeholders.

Anti-microbial Stewardship

Antimicrobial stewardship (AMS) is a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves client outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

AMS is a clinical strategy to optimise client outcomes and minimise adverse consequences of antimicrobial use, including the development of antimicrobial resistance. At CS#1, and through their contracted services, AMS strategies will maintain a person-centred approach.

As part of C#1's care and clinical governance framework, we expect our staff to focus on minimising infection related risks and our third-party Contractors to promote the ideal use of antibiotics. The goal is to achieve this via infection control methods and minimise the development and spread of antimicrobial resistance in line with the national guidelines[7].

In the delivery of our home care services, CS #1 will ensure that appropriate arrangements and resources are available to improve the effectiveness of AMS. CS#1 acknowledges that adequate access to enable timely feedback to prescribers and relevant clinical staff is necessary.

Information for clients / carers

Clients receiving antimicrobial therapy, their family and carers, have a right to be informed regarding their disease state, medication use and therapeutic options, to optimise outcomes and minimise the risk of harm from antimicrobial therapy. Contracted clinical staff with appropriate knowledge and skills will be available to provide timely and appropriate counselling and written information to patients and those caring for them.

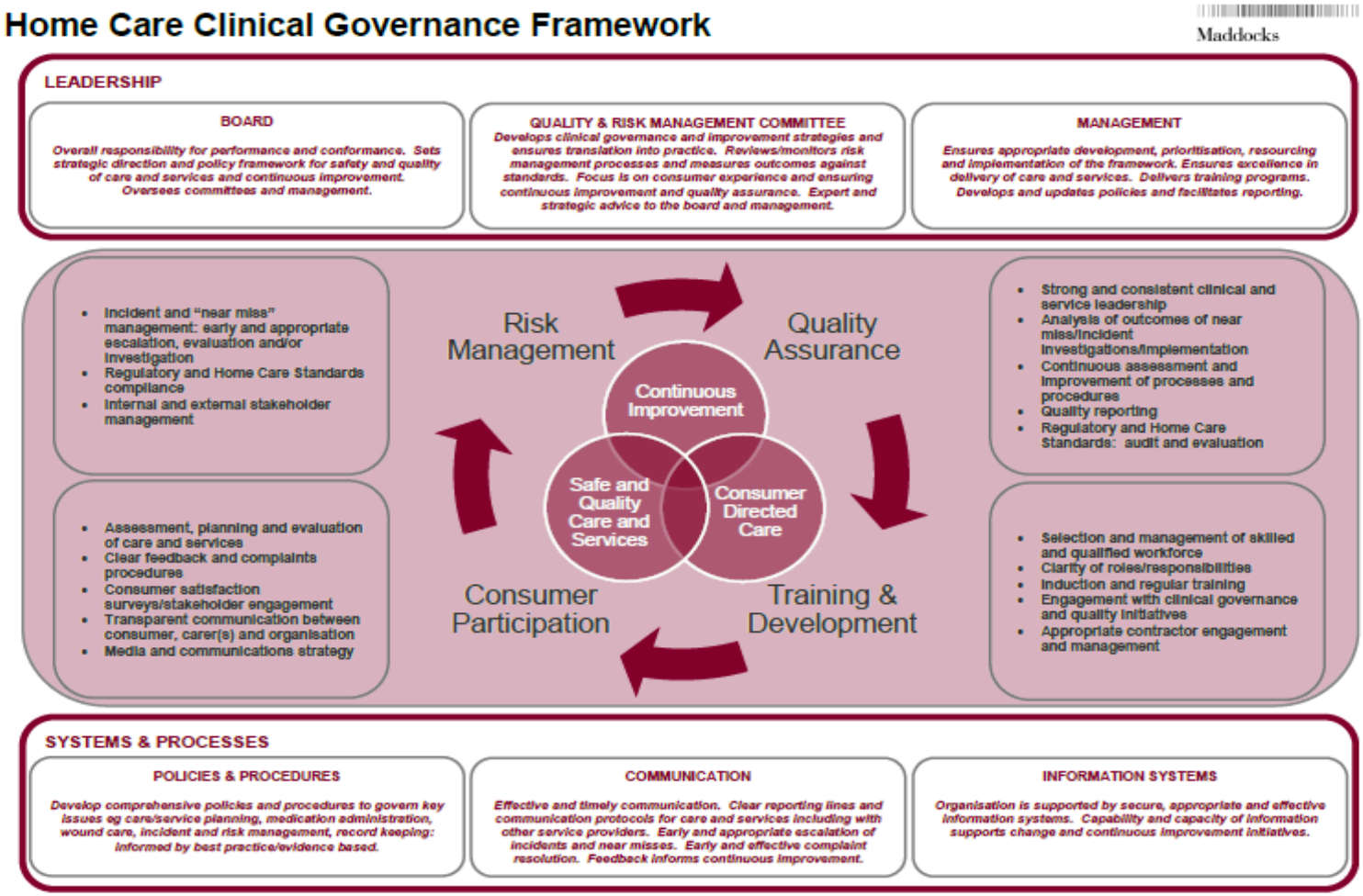
Staff members who work beside our clients understand their responsibilities via policies and procedures. They have duty of care to ensure safe and timely administration of prescribed antimicrobials and assisting consumers and carers to obtain information and understanding of their antimicrobial therapy.

[7] https://www.amr.gov.au/resources/national-amr-strategy

Clinical Policies and Procedures

CS#1 has a comprehensive list of policies, procedures and guidelines to inform service delivery and to reflect best practice. These documents are reviewed and updated accordingly.
Contractors who are engaged in delivering services to CS#1 clients are also required to have current and best practice procedures and guidelines in place. CS#1 has processes in place to ensure contractors meet their obligations to CS#1 clients.

Appendix 1: Home Care Clinical Governance Framework



Appendix 2: CS#1 Complaint Escalation Process

Interim Escalation Process

All complaints received from the Aged Care Quality and Safety Commission (regulatory body) and any CSS client complaints of medium rating or above, be disclosed to the board in the following way and timeframes:

1. Complaint received and acknowledged by relevant CS#1 staff member
2. CEO notifies the Board Chair and Chair of the relevant subcommittee (Care and Clinical Governance or Community Support Services Subcommittee) of the complaint within 24 hrs (or 48 hrs if a weekend)
3. Board Chair will determine within 72 hours, if the full board is to be made aware of the complaint and proposed way forward
4. Once the CS#1 staff have drafted the response to the regulator, the relevant subcommittee and Board Chair reviews the response
5. Response submitted

Appendix 3:Audit Tool – self assessment

Care and clinical governance questions

Audit tool

Question	Compliance Yes/No	Evidence
Is our care safe and effective?		
How do we ensure the quality and safety of care?		
How do we anticipate red flags?		
Do we know what the red flags are?		
How will we fix what we know isn't working?		
What needs to get done to improve the quality and safety of care?		
Do we have a 'just' culture to facilitate continuous improvement in quality and safety?		
What actions do we take as a group to ensure that intimidating and inappropriate behaviour is not tolerated?		
What actions do we take to ensure clients are empowered to meaningfully partner in their care and the organisational design of the service?		
Are we frequently evaluating the impact and extent of the client voice?		
How effective are our organisational governance systems in supporting our safe, effective and person-centred goals for every client?		
What must we do to increase the effectiveness of our systems?		
Do all staff feel supported to create consistently safe, person-centred and effective care?		
What must we do to increase support such as training, education, debriefing for staff?		
Are our clinicians/staff adequately skilled, engaged and empowered to provide safe, high-quality, person-centred care and clinical care?		
Are we achieving our purpose of providing a safe, person-centred and effective experience for every client? What must we do to make more progress on achieving our purpose?		
Where is the evidence that our clients are better off?		
Do we have a shared definition/understanding of success?		

Adopted from the Victorian Clinical Governance Framework June 2017.

References and further reading

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Linkedin:	https://www.linkedin.com/company/community-services-1/mycompany/?viewAsMember=true

COMMUNITY SERVICES #1
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Community Services #1 acknowledges the Traditional Custodians of the land on which we work.

We pay our respect to their Elders – past, present and emerging. We recognise their contribution to creating a thriving community through the continuation of cultural, spiritual and educational practices of Australia's First Peoples.